



Minority/Women Business Enterprise (M/WBE) Recertification/Short Form

1. Name of Business: _____
2. Street Address: _____
3. Business Phone Numbers:
Business () _____ Fax () _____
Cellular () _____
4. Federal Employers ID Number: _____ - _____
5. Certification Issued Date: _____
6. Certification Expiration Date: _____
7. Name of Entity's President/CEO/Owner/Partner: _____
8. Minority Business Enterprise (MBE) _____ † Women-Owned Business Enterprise (WBE) _____
9. Percentage of Ownership: President % _____ CEO % _____ Owner % _____ Partner % _____
10. **Group Codes (circle all that applies):**

01: African-American/Black †	04: Native American
02a: Latin American/Hispanic	05: Non-Minority Female †
03a: Asian-Pacific Islander	06: Non-Minority
03b: Asian-Indian	00: Disabled Veterans
11. Company Website _____
Direct E-mail: _____
12. Type of Ownership:

Sole Proprietorship established on [date] , with a Certification of Trade name on file in county _____.
Partnership established on [date] , with a Business Certificate for Partners on file in _____.
Corporation established on [date] , with a Certificate of Incorporation on file in _____.
Limited Liability Partnership, LLC established on [date] , with a Certification of Trade name on file in county _____.



13. Business Type: ☐ Consultant ☐ Contractor ☐ Distributor ☐ Manufacturer
☐ *Professional Service ☐ **Non-Professional Services ☐ Other

* Professional services can be offered only by a licensed person or an organization otherwise authorized by law.

** All services, other than Professional Services

14. Industry Type: _____ (*Please refer to NIGP Codes provided in FAQ section*)

15. Other Certifications: ☐ NYS ☐ SCA ☐ DASNY ☐ PA NY/NJ ☐ NASSAU COUNTY ☐ OTHER

17. Notes: Please provide explanation for any changes to your entities status/information since its initial certification here. Please note that additional supporting documentation may be requested, if needed related to those changes.
